

EMPLOYEE HUMAN FACTOR ATTACHMENT

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
----------------------------	---	---

The railroad has determined that (check only one)

- a. One or more railroad employees committed an act or omission or were in a physical condition that was a primary or a contributing cause of the accident/incident.

- b. Either no railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident or it is uncertain whether any person who was a railroad employee committed an act or omission or was in a physical condition that was a primary or a contributing cause of the accident/incident.

If Item "b" above was checked, go to last line of form. If Item "a" above was checked, complete the following:

The railroad has identified: (check only one)

- 1. All of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.

- 2. Some, but not all, of the railroad employees who committed an act or omission or were in a physical condition that was a primary or contributing cause of the accident/incident.

- 3. None of the railroad employees who committed an act or omission or was in a physical condition that was a primary or contributing cause of the accident/incident.

If Item "3" above was checked, go to last line of form.

If Item "1" or "2" above was checked, complete the following for each employee whom the railroad has identified as having committed an act or omission or having been in a physical condition that was a primary or contributing cause of the accident/incident: (Attach additional pages if more room is needed.)

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee

Briefly describe the employee's act, omission or physical condition that was a primary or a contributing cause of this accident/incident. The meanings of most cause codes are already stated in the "FRA Guide for Preparing Accident/Incident Reports." Briefly expand further, if information is not already stated in the narrative section of the Rail Equipment Accident/Incident Report.

Did this employee die as a result of the accident? Yes No

Typed Name and Title	Signature	Date
----------------------	-----------	------

**Instructions on Completing Form FRA F 6180.81,
"Employee Human Factor Attachment"**

This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA, assigns any of the cause codes listed under "Train Operation - Human Factors" in the "FRA Guide for Preparing Accident/Incident Reports." except Cause Code 506, as the primary cause or a contributing cause of the rail equipment accident/incident.

Note on Notices to Railroad Employees Involved in Rail Equipment Accidents/Incidents:

Part I of FRA's Form FRA F 6180.78, "Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor" ("Notice"), must be completed and the entire form (Parts I and II) forwarded to each employee listed in the Employee Human Factor Attachment as causing or contributing to the accident, with certain exceptions. The railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment must not be delayed in order to complete the Notice.

A Notice for an employee must not be sent if that employee has died as a result of the accident. A Notice for an employee is not required (and is not recommended) if the employee has died of whatever causes by the time that the Notice is ready to be sent.

A Notice for an employee must be sent within 45 days from the end of the month in which the accident/incident occurred, unless (i) the employee has died by the time that the Notice is ready to be sent or (ii) the reporting railroad, in its reasonable discretion, believes that notification of the employee should be deferred for a time on medical grounds.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Safety Analysis, RRS-20, Federal Railroad Administration, 400 7th Street, S.W., Washington, D.C. 20590; and to the Regulatory Policy Branch (OMB No. 2130-0500), Office of Management and Budget, New Executive Office Bldg., 726 Jackson Place, N.W., Washington, D.C. 20530.

*U.S. GPO:1990-518-226/20292